

2:05CV946-F

State of Alabama Unified Judicial System Form C-10 Page 1 of 2	AFFIDAVIT of SUBSTANTIAL HARDSHIP and ORDER	Case Number <u>2:05CV943-F</u>
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IN THE MIDDLE DISTRICT COURT OF MONTGOMERY, ALABAMA ALABAMA
(Circuit, District, or Municipal) A 9: 36 (Name of County or Municipality)

STYLE OF CASE: LEON FOY ET AL. v. BOB RILEY, GOVERNOR ET AL.
Plaintiff(s) Defendant(s)

TYPE OF PROCEEDING: CIVIL CHARGE(s) (if applicable):

- ☒ **CIVIL CASE--** I, because of substantial hardship, am unable to pay the docket fee and service fees in this case. I request that payment of these fees be waived initially and taxed as costs at the conclusion of the case.
- ☒ **CIVIL CASE--**(such as paternity, support, termination of parental rights, dependency) - I am financially unable to hire an attorney and I request that the Court appoint one for me.
- ☐ **CRIMINAL CASE--**I am financially unable to hire an attorney and request that the Court appoint one for me.
- ☐ **DELINQUENCY/NEED OF SUPERVISION** - I am financially unable to hire an attorney and request that the Court appoint one for my child/me.

SECTION I.

AFFIDAVIT

1. IDENTIFICATION

Full Name LEON FOY#125322 Date of Birth _____

Spouse's Full Name (if married) N/A

Complete Home Address P.O. BOX 8 B1-174 ELMORE, AL. 36025

Number of People Living in Household N/A

Home Telephone No. N/A

Occupation/Job N/A Length of Employment N/A

Driver's License Number N/A * Social Security Number _____

Employer N/A Employer's Telephone No. N/A

Employer's Address N/A

2. ASSISTANCE BENEFITS

Do you or anyone residing in your household receive benefits from any of the following sources? (if so, please check those which apply.)

☐ AFDC ☐ Food Stamps ☐ SSI ☐ Medicaid ☐ Other XXXX

3. INCOME/EXPENSE STATEMENT

Monthly Gross Income:

Monthly Gross Income	\$ <u>X</u>
Spouse's Monthly Gross Income (unless a marital offense)	<u>X</u>
Other Earnings: Commissions, Bonuses, Interest Income, etc.	<u>X</u>
Contributions from Other People Living in Household	<u>X</u>
Unemployment/Workmen's Compensation,	
Social Security, Retirement, etc.	<u>X</u>
Other Income (be specific) <u>XXXXXX</u>	<u>X</u>

TOTAL MONTHLY GROSS INCOME

\$ XXXX

Monthly Expenses:

A. Living Expenses	\$ <u>X</u>
Rent/Mortgage	<u>X</u>
Total Utilities: Gas, Electricity, Water, etc.	<u>X</u>
Food	<u>X</u>
Clothing	<u>X</u>
Health Care/Medical	<u>X</u>
Insurance	<u>X</u>
Car Payment(s)/Transportation Expenses	<u>X</u>
Loan Payment(s)	<u>X</u>

* OPTIONAL

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AFFIDAVIT of SUBSTANTIAL HARDSHIP and ORDER

Case Number

Monthly Expenses: (cont'd from page 1)

Credit Card Payment(s)

X

Educational/Employment Expenses

X

Other Expenses (be specific)

X

Sub-Total

A \$ X

B. Child Support Payment(s)/Alimony

\$ X

Sub-Total

B \$ X

C. Exceptional Expenses

\$ X

TOTAL MONTHLY EXPENSES (add subtotals from A & B monthly only)

\$ X

Total Gross Monthly Income less total monthly expenses:

DISPOSABLE MONTHLY INCOME

\$

4. LIQUID ASSETS:

Cash on Hand/Bank (or otherwise available such as stocks, bonds, certificates of deposit)

\$ X

Equity in Real Estate (value of property less what you owe)

X

Equity in Personal Property, etc. (such as the value of motor vehicles, stereo, VCR, furnishings, jewelry, tools, guns less what you owe)

X

Other (be specific) Do you own anything else of value? ☐ Yes ☒ No
(land, house boat, TV, stereo, jewelry)

X

If so, describe

TOTAL LIQUID ASSETS

\$ XXXX

5. Affidavit/Request

I swear or affirm that the answers are true and reflect my current financial status. I understand that a false statement or answer to any question in the affidavit may subject me to the penalties of perjury. I authorize the Court or its authorized representative to attain records or information pertaining to my financial status from any source in order to verify information provided by me. I further understand and acknowledge that, if the Court appoints an attorney to represent me, the Court may require me to pay all or part of the fees and expenses of my court-appointed counsel.

Sworn to and subscribed before me this

30 day of September 19 2005

Arthur Norton

Judge/Clerk/Notary

Leon Foy

Affiant's Signature

LEON FOY

Print or Type Name

SECTION II.

ORDER OF COURT

IT IS THEREFORE, ORDERED AND ADJUDGED BY THIS COURT AS FOLLOWS:

- ☐ Affiant is not indigent and request is DENIED.
- ☐ Affiant is partially indigent and able to contribute monetarily toward his defense; therefore, defendant is ordered to pay \$ toward the anticipated cost of appointed counsel. Said amount is to be paid to the Clerk of Court or as otherwise ordered and disbursed as follows:

- ☐ Affiant is indigent and request is GRANTED.
- ☐ The prepayment of docket fees is waived.

IT IS FURTHER ORDERED AND ADJUDGED that _____, is hereby appointed as counsel to represent affiant.

IT IS FURTHER ORDERED AND ADJUDGED that the Court reserves the right and may order reimbursement of attorney's fees and expenses, approved by the Court and paid to the appointed counsel, and costs of court.

Done this _____ day of _____, 19 _____.

Judge

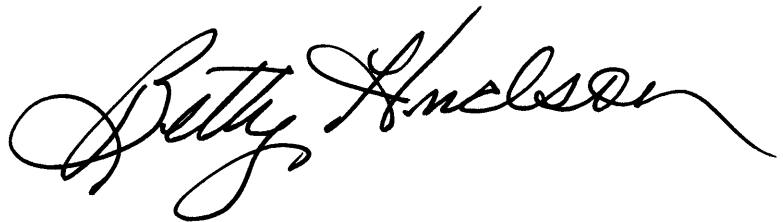
STATE OF ALABAMA
DEPARTMENT OF CORRECTIONS
ELMORE CORRECTIONAL FACILITY

AIS #: 125322

NAME: FOY, LEON

AS OF: 09/27/2005

MONTH	# OF DAYS	AVG DAILY BALANCE	MONTHLY DEPOSITS
SEP	3	\$380.69	\$0.00
OCT	31	\$6.86	\$40.00
NOV	30	\$41.80	\$410.00
DEC	31	\$120.33	\$0.00
JAN	31	\$29.97	\$100.00
FEB	28	\$52.07	\$200.00
MAR	31	\$34.46	\$0.00
APR	30	\$7.66	\$50.00
MAY	31	\$71.31	\$200.00
JUN	30	\$63.75	\$80.00
JUL	31	\$27.07	\$140.00
AUG	31	\$22.29	\$45.00
SEP	27	\$24.13	\$90.00

A handwritten signature in cursive script, reading "Betty Anderson". The signature is written in black ink and is located in the lower right portion of the page.